

# ANESTHESIA GROUND RULES

- GENERAL:** All anesthesia values are determined by taking the **BASIC UNIT VALUE**, which is related to the complexity of the service, and adding **MODIFYING UNITS** (if any), and **TIME UNITS**. The fee for a particular procedure or service in this section is determined by multiplying the listed "Basic Unit Value" by the conversion factor that is applicable to this section. **See page 8 to obtain the conversion factor.**

The values contained within this section apply when the anesthesia care is provided by or under the medical supervision of qualified physician. This anesthesia care may include but is not limited to general, regional, monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal. For anesthesia care provided by nurse anesthetists, billing for independent unsupervised services, payment will be limited to 85% of the maximum allowable fee associated with the *CPT* code submitted.

- BASIC UNIT VALUE:** A Basic Unit Value is listed for anesthetic management of most surgical procedures. This includes the value of all usual anesthesia services except the time actually spent in anesthesia care and any modifiers. The usual anesthesia services included in the Basic Unit Value include usual pre-operative and post-operative visits, the administration of fluids and/ or blood products incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). Placement of arterial, central venous and pulmonary artery catheters and use of transesophageal echocardiography (TEE) are not included in the basic unit value.

A service that is rarely provided, unusual, variable, or new may require **a special report in determining** medical appropriateness of the service.

When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code with the highest basic unit value is reported. (The time reported is the combined total for all procedures.) Add-on codes are an exception to this policy. They are listed in addition to the code for the primary procedure.

When it is necessary to have a second attending anesthesiologist assist with the preparation and conduct of the anesthesia, these circumstances should be substantiated "By Special Report." Such services shall have a Basic Unit Value of 5.0 Units plus Time Units.

Any procedure around the head, neck, or shoulder girdle, requiring field avoidance, or any procedure requiring a position other than supine or lithotomy, has a minimum Basic Unit Value of 5.0 regardless of any lesser Basic Unit Value assigned to such procedure in the body of the Relative Value Guide.

- ANESTHESIA MODIFIERS:** All anesthesia services are reported by use of the anesthesia five-digit procedure code plus the addition of a physical status modifier. These modifying units may be added to the basic unit value. The use of other optional modifiers may also be appropriate.

## Physical Status Modifiers

Physical status modifiers are represented by the initial letter P followed by a single digit from 1 to 6 as defined below:

	<u>Unit Value</u>
<b>P1</b> - A normal healthy patient .....	0
<b>P2</b> - A patient with mild systemic disease .....	0
<b>P3</b> - A patient with severe systemic disease.....	1
<b>P4</b> - A patient with severe systemic disease that is a constant threat to life .....	2
<b>P5</b> - A moribund patient who is not expected to survive without the operation.....	3
<b>P6</b> - A declared brain-dead patient whose organs are being removed for donor purposes .....	0

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The above six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in *CPT* to distinguish between various levels of complexity of the anesthesia service provided.

## Other Modifiers (Optional)

Under certain circumstances, medical service and procedure codes need to be further modified. For other modifiers that may need to be used for **Anesthesia**, refer to Appendix A - Modifiers.

4. **TIME UNITS (TM):** TIME UNITS WILL BE ADDED TO THE BASIC UNIT VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA. Anesthesia time begins when the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or in an equivalent area, and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under other post-anesthesia supervision.

The time units are calculated by allowing one unit for each 15 minutes or significant fraction thereof (7.5 minutes or more) of anesthesia time. If anesthesia time extends beyond three hours, 1.0 unit for each 10 minutes or significant fraction thereof (5 minutes or more) is allowed after the first three hours. Documentation of actual anesthesia time may be required, such as a copy of the anesthesia record in the hospital file.

5. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the values used should be substantiated "By Special Report." For an unlisted service or procedure, the health care provider or anesthesiologist shall establish a unit value consistent with other unit values listed in the schedule.
6. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider or anesthesiologist (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus \$15.00 per item, **whichever is less**. Use procedure code 99070.
7. **SUPPLEMENTAL SKILLS:** When warranted by the necessity of supplemental skills, values for the services of two or more health care providers and/or anesthesiologists will be allowed. Substantiate by report.
8. **MONITORING SERVICES:** When an anesthesiologist or anesthesiologist is required to participate in and be responsible for monitoring the general care of the patient during a surgical procedure but does not administer anesthesia, these services are charged on the basis of the extent of the services rendered. Payment is to be made on the basis of the time units the anesthesiologist or anesthesiologist is in constant attendance for the sole purpose of the monitoring services; therefore, basic unit values are not to be added.
9. **ANESTHESIA ADMINISTERED, OTHER THAN BY AN ANESTHESIOLOGIST OR ANESTHETIST:** Anesthesia fees are not payable when local infiltration, digital block, or topical anesthesia is administered by the operating surgeon or surgical assistants. Such services are included in the Unit Value for the surgical procedure.
10. **OTHER FEES:** The Unit Values for surgery, x-rays, laboratory procedures, consultation and other medical services, and office and hospital visits are listed in the following sections: Surgery, Radiology, Pathology and Laboratory, Medicine, Physical Medicine and Rehabilitation, and Evaluation and Management. A consultation fee is not payable to an anesthesiologist examining the patient prior to administering anesthesia to that patient. No additional charge is to be made for routine follow-up care and observation.
11. **QUALIFYING CIRCUMSTANCES (more than one may be reported):** Many anesthesia services are provided under particularly difficult circumstances depending on factors such as the extraordinary condition of the patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service. These modifying units may be added to the basic unit values.

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## CPT Code

## Unit Values

99100	Anesthesia for a patient of extreme age, under one year or over seventy (List separately in addition to code for primary anesthesia procedure).....	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure.....	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure.....	5
99140	Anesthesia complicated by emergency* conditions (specify) (List separately in addition to code for primary anesthesia procedure.....	2

\* An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

- 12. COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

## CALCULATION EXAMPLES:

- 1: In a procedure with a Basic Unit Value of 3.0 requiring one hour and forty-five minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 3.0 units
105 minutes ÷ 15 minutes	= <u>7.0 units</u>
Total value	= 10.0 units

- 2: In a procedure with a Basic Unit Value of 10.0 requiring four hours and twenty minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 10.0 units
First three hours	= 12.0 units
Subsequent 80 minutes	= <u>8.0 units</u>
Total value	= 30.0 units

In both cases, the Maximum Allowable Fee is determined by multiplying the total value units by the Conversion Factor. In billing, list the Basic Unit Value (showing the procedure code and all modifiers) and Time Units separately, as in the following:

Procedure code + Modifier(s)	= Basic Unit Value
Anesthesia Time	= <u>Time Units</u>
Total value	= Total units

Total units x Conversion Factor = Maximum Allowable Fee

The relative value units for the anesthesia services were excerpted from the 2005 Relative Value Guide, copyright 2004) with permission by the American Society of Anesthesiologists.

**CONVERSION FACTOR = \$48.75**

# ANESTHESIA

(CONVERSION FACTOR = \$48.75)

BASIC		BASIC		BASIC	
CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
00100	5+TM	00528	8+TM	00840	6+TM
00102	6+TM	00529	11+TM	00842	4+TM
00103	5+TM	00530	4+TM	00844	7+TM
00104	4+TM	00532	4+TM	00846	8+TM
00120	5+TM	00534	7+TM	00848	8+TM
00124	4+TM	00537	10+TM	00851	6+TM
00126	4+TM	00539	18+TM	00860	6+TM
00140	5+TM	00540	12+TM	00862	7+TM
00142	6+TM	00541	15+TM	00864	8+TM
00144	6+TM	00542	15+TM	00865	7+TM
00145	6+TM	00546	15+TM	00866	10+TM
00147	6+TM	00548	17+TM	00868	10+TM
00148	4+TM	00550	10+TM	00870	5+TM
00160	5+TM	00560	15+TM	00872	7+TM
00162	7+TM	00561	25+TM	00873	5+TM
00164	4+TM	00562	20+TM	00880	15+TM
00170	5+TM	00563	25+TM	00882	10+TM
00172	6+TM	00566	25+TM	00902	5+TM
00174	6+TM	00580	20+TM	00904	7+TM
00176	7+TM	00600	10+TM	00906	4+TM
00190	5+TM	00604	13+TM	00908	6+TM
00192	7+TM	00620	10+TM	00910	3+TM
00210	11+TM	00622	13+TM	00912	5+TM
00212	5+TM	00630	8+TM	00914	5+TM
00214	9+TM	00632	7+TM	00916	5+TM
00215	9+TM	00634	10+TM	00918	5+TM
00216	15+TM	00635	4+TM	00920	3+TM
00218	13+TM	00640	3+TM	00921	3+TM
00220	10+TM	00670	13+TM	00922	6+TM
00222	6+TM	00700	4+TM	00924	4+TM
00300	5+TM	00702	4+TM	00926	4+TM
00320	6+TM	00730	5+TM	00928	6+TM
00322	3+TM	00740	5+TM	00930	4+TM
00326	8+TM	00750	4+TM	00932	4+TM
00350	10+TM	00752	6+TM	00934	6+TM
00352	5+TM	00754	7+TM	00936	8+TM
00400	3+TM	00756	7+TM	00938	4+TM
00402	5+TM	00770	15+TM	00940	3+TM
00404	5+TM	00790	7+TM	00942	4+TM
00406	13+TM	00792	13+TM	00944	6+TM
00410	4+TM	00794	8+TM	00948	4+TM
00450	5+TM	00796	30+TM	00950	5+TM
00452	6+TM	00797	10+TM	00952	4+TM
00454	3+TM	00800	4+TM	01112	5+TM
00470	6+TM	00802	5+TM	01120	6+TM
00472	10+TM	00810	5+TM	01130	3+TM
00474	13+TM	00820	5+TM	01140	15+TM
00500	15+TM	00830	4+TM	01150	10+TM
00520	6+TM	00832	6+TM	01160	4+TM
00522	4+TM	00834	5+TM	01170	8+TM
00524	4+TM	00836	6+TM	01173	12+TM

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BASIC		BASIC		BASIC	
CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
01180	3+TM	01632	6+TM	01953	1
01190	4+TM	01634	9+TM	01958	5+TM
01200	4+TM	01636	15+TM	01960	5+TM
01202	4+TM	01638	10+TM	01961	7+TM
01210	6+TM	01650	6+TM	01962	8+TM
01212	10+TM	01652	10+TM	01963	10+TM
01214	8+TM	01654	8+TM	01964	4+TM
01215	10+TM	01656	10+TM	01967	5+TM
01220	4+TM	01670	4+TM	01968	3+TM
01230	6+TM	01680	3+TM	01969	5+TM
01232	5+TM	01682	4+TM	01990	7+TM
01234	8+TM	01710	3+TM	01991	3+TM
01250	4+TM	01712	5+TM	01992	5+TM
01260	3+TM	01714	5+TM	01995	5
01270	8+TM	01716	5+TM	01996	3
01272	4+TM	01730	3+TM	01999	I.C.*
01274	6+TM	01732	3+TM		
01320	4+TM	01740	4+TM		
01340	4+TM	01742	5+TM		
01360	5+TM	01744	5+TM		
01380	3+TM	01756	6+TM		
01382	3+TM	01758	5+TM		
01390	3+TM	01760	7+TM		
01392	4+TM	01770	6+TM		
01400	4+TM	01772	6+TM		
01402	7+TM	01780	3+TM		
01404	5+TM	01782	4+TM		
01420	3+TM	01810	3+TM		
01430	3+TM	01820	3+TM		
01432	6+TM	01829	3+TM		
01440	8+TM	01830	3+TM		
01442	8+TM	01832	6+TM		
01444	8+TM	01840	6+TM		
01462	3+TM	01842	6+TM		
01464	3+TM	01844	6+TM		
01470	3+TM	01850	3+TM		
01472	5+TM	01852	4+TM		
01474	5+TM	01860	3+TM		
01480	3+TM	01905	5+TM		
01482	4+TM	01916	5+TM		
01484	4+TM	01920	7+TM		
01486	7+TM	01922	7+TM		
01490	3+TM	01924	6+TM		
01500	8+TM	01925	8+TM		
01502	6+TM	01926	10+TM		
01520	3+TM	01930	5+TM		
01522	5+TM	01931	7+TM		
01610	5+TM	01932	7+TM		
01620	4+TM	01933	8+TM		
01622	4+TM	01951	3+TM		
01630	5+TM	01952	5+TM		

\* Individual Consideration